

SOMETHING TO COMPLAIN ABOUT?



A look at how easy it is to find the right information and support to make a complaint about GP services.

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Summary

Since the publication of the Francis report into services at the Mid Staffordshire Hospital there has been an increased recognition that actively listening to, and acting on, concerns and complaints from people using NHS services is vital in ensuring that services are fit for purpose. Much work has been, and continues to be, done on this issue in relation to hospitals but less so in the primary care sector and especially in GP practices. Most people's first point of contact with the NHS is through their GP service and this is where Healthwatch Dorset wanted to establish whether people are empowered and encouraged to make complaints. If the culture here is welcoming, open and empowering then people may feel better able to raise concerns throughout their entire journey through the system. Complaints should be welcomed, as they improve services. Anna Bradley, Chair of Healthwatch England, has recently pointed out that in other sectors managers would recognise that complaints are, in fact, "gold dust".

Using volunteers as "mystery shoppers", Healthwatch Dorset undertook to visit every GP practice across Dorset, Poole and Bournemouth to gain an insight into whether people are provided with the right information and support to raise concerns they may have about GP services. Overall, they were greeted with courtesy and attended to promptly. But findings also suggest that there is some work to be done in ensuring that people receive current, up-to-date, comprehensive and accessible information to allow them to make decisions and to feel that making a complaint is a positive and welcomed form of communication. As a result, our recommendations for GP practices include reviewing written and web-based information and encouraging staff to be open and positive to people who wish to express their concerns.

We will repeat the exercise in six months' time, to monitor whether our recommendations have been implemented.

April 2014

1.Introduction

- 1.1. Healthwatch is the national independent consumer champion in health and social care established throughout England in 2013, under the provisions of the Health and Social Care Act 2012 and with statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Healthwatch exists in two distinct forms - local Healthwatch and Healthwatch England at national level.
- 1.2. Healthwatch Dorset is one of around 150 local Healthwatch organisations with a dual role to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public. The remit of local Healthwatch encompasses all publicly funded health and social care services for both adults and children. Healthwatch Dorset covers the area of the three local authorities of Dorset, Poole and Bournemouth.
- 1.3. Healthwatch Dorset collects feedback on services, from people of all ages and from all parts of the community, through attendance at community events; contact with community groups; comment cards and feedback forms which people send to us in the post; online through web site and social media; from callers to our telephone helpline; and through the Citizens Advice Bureaux in Dorset, Poole and Bournemouth, all of whom offer a face-to-face service. As part of the remit to gather views Healthwatch Dorset also has the power to “enter & view” services and undertake announced and unannounced visits.
- 1.4. The following report documents the findings of a review of GP practices across Dorset, Poole and Bournemouth - the objectives of the work being to better understand the experience people have of being enabled to make complaints about GP services, to highlight the issues that some may face in that process and to identify both good and poor practice experienced by people at the stage where they are considering making a complaint.

Healthwatch Dorset would like to thank all the volunteer Healthwatch Champions who took part in this review.

2. Background

2.1 Every patient has the fundamental right to complain if they are not happy with the care or treatment they have received from an NHS service, or they have been refused treatment for a condition. The NHS Constitution (2013) explains a patient's rights when making a complaint. These are:

- The right to discuss the manner in which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent.
- The right to be kept informed of progress and to know the outcome of any investigation into a complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.
- The right to take a complaint to the independent Parliamentary and Health Service Ombudsman or Local Government Ombudsman, if they are not satisfied with the way a complaint has been dealt with by the NHS.
- The right to make a claim for judicial review if they think they have been directly affected by an unlawful act or decision of an NHS body or local authority.
- The right to compensation where they have been harmed by negligent treatment.

2.2 The Constitution also adds a number of "pledges" (The Handbook to The NHS Constitution, 2013) which the NHS is committed to achieving (supported by management and regulatory systems). They are not legally binding in the same way as the "rights" and they "cannot be guaranteed for everyone all of the time because they express an ambition to improve, going above and beyond legal rights". The pledges in regards to Complaints are:

- to ensure that people are treated with courtesy and receive appropriate support throughout the handling of a complaint; and

that the fact that someone has complained will not adversely affect any future treatment

- to ensure that when mistakes happen or if someone is harmed while receiving health care they receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma they have experienced, and know that lessons will be learned to help avoid a similar incident occurring again, and
- to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services

- 2.3 Most people do receive good and appropriate care through the NHS. Results from the 2013 GP Patient Survey show that, of the 13193 Dorset GP practice patients who responded to the question asking them to rate their overall experience of their GP, 52% said “Very Good” and 39% said “Fairly Good”. 55% would recommend their practice to someone moving into the area (NHS England, 2013) However, there are patients who do have concerns about the care they receive (of the comments received by Healthwatch Dorset from the public up to the end of February 2014, relating to GP services, 61.5% were negative) but those who may have poor experiences are sometimes reluctant to complain or find it hard to do so. A recent survey of over 2000 adults carried out by Healthwatch England and YouGov in March 2013 (Healthwatch England, 2013) amongst consumers of health and social care highlighted that the current system simply doesn’t work. Some findings from the survey include:
- 48% of people do not have the confidence that formal complaints are actually dealt with (rises to 60% for the 55+ age group)
 - Over 54% of people who had a problem with health or social care in the last three years did nothing to report it
 - 49% of consumers surveyed have no trust in the system and are crying out for an independent and easily recognisable advocate to deal with complaints
 - 38% of those who made a complaint or gave feedback said they did not find it easy to complain.

2.4 In April 2013 the Care Quality Commission commissioned ICM Government & Social Research team to undertake a nationally representative survey of the general public to establish as fully as possible people's willingness to report concerns about the standard of care in the health and social care sector. Some of the findings were as follows:

- An open and encouraging culture is seen as a strong enabler: 75% said that being told by the provider that they want patients to raise any concerns they have would encourage them to do so. Similarly, 73% said that they would be likely to raise a concern or make a complaint about poor care if the service provider actively sought their views through questionnaires.
- Feedback is a key enabler for some: 70% said they would be likely to raise any concerns they had if the provider regularly gave information on the actions they have taken in response to concerns.

2.5 Although the review into issues arising at the Mid Staffordshire NHS Foundation Trust (Francis, 2013), focuses on hospitals it is acknowledged that many of the findings and recommendations are also relevant to other care settings. In Chapter 3 "Complaints, process and support" section 3.128, Francis advises "A complaint that is not heard by the organisation is more damaging than a complaint that is received, acknowledged and remedied". Some of his recommendations regarding complaints that are relevant to this review are as follows:

- **Recommendation 109** Methods of registering a comment or complaint must be readily accessible and easily understood. Multiple gateways need to be provided to patients, both during their treatment and after its conclusion, although all such methods should trigger a uniform process, generally led by the provider trust.
- **Recommendation 111** Provider organisations must constantly promote to the public their desire to receive and learn from comments and complaints; constant encouragement should be given to patients and other service users, individually and collectively, to share their comments and criticisms with the organisation.

2.6 The General Medical Council (2013) acknowledges:

“There is a great deal of evidence that patients find it difficult to navigate the sometimes bewildering array of organisations to which they might complain.” (p.51).

It goes on to say:

“The challenge for the GMC and wider healthcare system is to create a complaints system that is easy to access and that enables individuals to reach the right person or organisation as quickly and easily as possible.”

And:

“One of the key lessons for the healthcare system over the past 18 months has been to recognise the importance of listening to patients and their relatives. The complaints system is complex and difficult to navigate and we and others need to do more locally and nationally to make sure that patients have appropriate channels through which to voice their concerns and have them addressed.” (p.97).

2.7 In April 2013 the process for making complaints about NHS services changed. The feedback received by Healthwatch England that the new system is not clear and is hard to use can be supported with a very brief summary of the process.

To start with, who to contact to make a formal complaint will depend on whether the complaint is about healthcare or social care, whether that care is paid for by the NHS or local authority or it has been paid for privately.

Advocacy support is now provided by many different organisations (in Dorset, support for people wanting help with an NHS complaint is provided by Dorset Advocacy).

Patients no longer have the ability to seek advice and support from Patient Advice and Liaison Services (PALS) within Primary Care Trusts (PCTs) as they no longer exist (although PALS still exists within NHS Foundation Trusts and in acute care settings) and, for primary care, the process has been made more complex with patients having to decide whether they wish their complaint to be dealt with by the

practice or by NHS England as the commissioner of primary care services (complaints cannot be dealt with by both).

If a complaint is about a General Practitioner's (GP) professional conduct it is also possible to ask for the complaint to be referred directly to the General Medical Council.

If someone is unhappy with the findings of a complaint or how it was dealt with they can ask the Parliamentary and Health Service Ombudsman to investigate.

- 2.8 So it can be seen that people who wish to make a complaint need to be provided with the appropriate information, advice and support to navigate a complex system. If information is not easily accessible and easy to follow people are unlikely to complain which means GP practices (and other providers) are losing out on a source of important information about how they can improve their services, and consequently the NHS pledge "to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services" is unlikely to be fulfilled.

- 2.9 Taking all the above into consideration it becomes clear that an effective complaint system needs to be effective from the very beginning of the process, when someone is considering whether to make a complaint and seeks out the necessary information and advice.

Therefore Healthwatch Dorset, in order to gain an understanding of people's experience of the initial processes involved in enquiring about a service's complaints procedure, initiated this investigation. The focus was to find out whether there is clear and accessible information about complaints procedures readily available in GP practices across the county, highlighting areas of good practice and making recommendations for improvements where appropriate.

NHS Choices, provider of comprehensive web-based health information services, advises that practices should have a written complaints procedure available at reception or on the practice website. This information provided a basis for the review.

3. Methodology

- 3.1 To achieve the aims of the project a program of “Mystery Shopping” was selected as the primary method of gathering evidence alongside a desktop review of GP practice web sites. Mystery Shopping is defined by the Market Research Society (2011) as *“The use of individuals trained to experience and measure any customer service process, by acting as potential customers and in some way reporting back on their experiences in a detailed and objective way”*. This method was chosen for a number of reasons:
- Healthwatch Dorset has good capacity within its volunteer Healthwatch Champions to undertake a large project over a sizeable geographic area,
 - Mystery Shopping allows the actual experience of the person to be revealed. Phone calls and/or emails to GP practices to request information on complaints processes would not provide this, so a survey type methodology would not be appropriate.
 - The scope of the review does not cover gathering feedback from people who have, or are in the process of, making a complaint. Therefore patient surveys, focus groups or interviews are not required.
 - Mystery Shopping provides the methodology to assess, in real-time, the actual experience of people on different days and at different times of the day.
- 3.2 Volunteers were recruited and were required to complete an application form and to sign up to the Nolan Principles of Public Life and to the Healthwatch Dorset Code of Conduct. Any volunteer who advised that they were currently pursuing a health or social care complaint was not accepted to take part in this review.
- 3.3 All volunteers attended a training session and were provided with background information, guidance on how to undertake Mystery Shopping, safeguarding information, templates, checklists and reporting documents. Volunteers were not provided with any in-depth information on the complaints procedure in order that their interactions would be as normal as possible, reflecting the

average knowledge of most people using NHS services. Volunteers were given the choice of which practices to visit, and also the day and time, based on their own availability and transport requirements. Volunteers were not asked to visit their own practice, in order to reduce any bias.

3.4 The checklist and list of questions needed to be limited in length and complexity to keep visit times to a minimum and to ensure that volunteers were able to act as normally as possible and without the need to refer to a “crib sheet”. In order not to become involved in complicated discussions or to put pressure on volunteers to feel they needed to “make up a story”, if asked by practice staff for further information they were advised to state that they were making the enquiry on behalf of another person.

3.5 All visits were undertaken between January and March 2014. Volunteers were asked to note the following:

- Date, time and length of visit
- Title of staff members spoken with or referred to
- How quickly they were attended to (bearing in mind that the practice may be busy)
- Whether they were greeted with friendliness and courtesy
- If staff attitudes changed with the mention of complaints and if so, how
- Whether they were advised if information was available on the practice web site
- Whether any attempt was made to determine the nature of the complaint and, if so, was this done respectfully or was there pressure to provide more details
- Whether staff appeared to know what to do about the enquiry:
 - Did they explain the complaints process and offer documentation/leaflet?
 - Did they explain the process but offered no documentation?
 - Did they need to refer to a colleague?
 - Did they immediately refer the “shopper” to the Practice Manager?

Although Mystery Shopping is an objective and factual exercise and the aim is to document exactly what happens “at point of contact”, for this piece of work Healthwatch Dorset wanted to establish how

the person felt about the way their enquiries were dealt with and whether they felt they were given the information/guidance/support they needed to help with making a potential decision about complaining. Therefore they were also asked to rate their overall satisfaction using the scale “Not Satisfied”, “Somewhat Satisfied” and “Very Satisfied”.

- 3.6 Healthwatch Dorset acknowledges that single interactions cannot necessarily be used to characterise any one practice’s normal response to queries i.e. a different day, a different member of staff and even a different patient’s approach may illicit a different response. It is also recognised that different volunteers will have differing views on what is satisfactory or not satisfactory. However, this review aims to provide a “snapshot” evaluation of whether there are inconsistencies and inaccuracies in the information people are given (compared to what they are entitled to receive) and not a full and comprehensive inspection.
- 3.7 A review of all GP practice web sites was undertaken to ascertain the following:
- If information about making a complaint can be found quickly and easily.
 - If a comprehensive explanation of the complaints procedure (either as a page or as a link to an online complaints leaflet) is provided.
 - If information is provided about independent sources of advice and support.
 - Whether all information is correct and up to date.

4. Findings

GP practices have not been individually named in this report. The review, as already stated, provides a “snapshot in time” and therefore does not necessarily show a true representation of what happens in a particular practice on a regular basis, so naming practices would not be appropriate. However, Healthwatch Dorset retains the right to comment publically about any organisation which receives public money for providing public health or social care services for residents of Dorset, where we judge this would be in the public interest.

A. Results of the Mystery Shopping Exercise

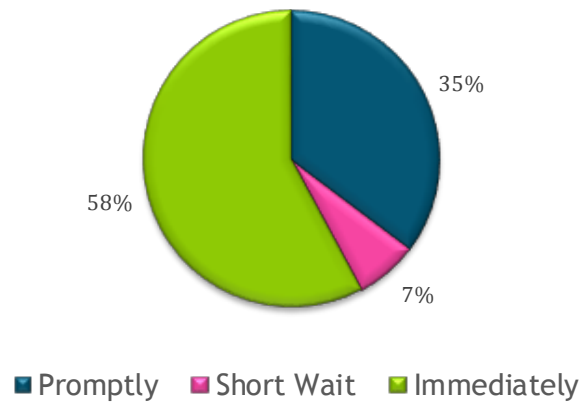
- All 101 GP practices in Dorset, Poole and Bournemouth were visited between January and March 2014. Visits were undertaken on various days of the week and at various times of the day.
- The average length of visit was 3 minutes (with the longest being 15 minutes).
- Role of staff who dealt with initial request:

Staff Role	Number of Visits
Reception/Admin staff	100
Practice Management staff	1

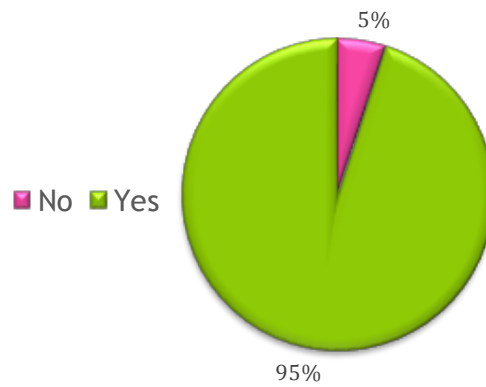
- On 17 occasions the initial staff member spoken with needed to refer to colleague/s:

Staff role referred to	Number of Occasions
Other Reception/Admin staff	9
Practice Management staff	8

- How quickly did staff attend to the “shopper”? (Note: “promptly” refers to being attended to within a few minutes and “short wait” refers to being attended to after a 5 minute wait.)



- Was the “shopper” greeted with courtesy?



- On 24 occasions the attitude/tone of staff changed when the “shopper” mentioned complaints:

How attitude changed	Number of Occasions
Became more helpful, concerned or apologetic	11
Expressed surprise, shock or became anxious/unsure	8
Became more guarded, short or defensive	5

- How was the enquiry handled?

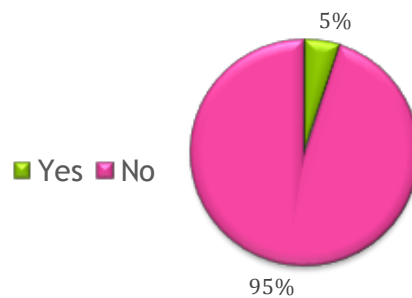
How enquiry handled	Number of Practices
Explained process to some degree and provided some kind of documentation	48
Explained process to some degree but no documentation provided	17
Told to write to Practice Manager with no further explanation or documentation provided	11
Documentation provided but no explanation of process given	8
Needed to refer to colleague then explained process to some degree but no documentation provided	6
Needed to refer to colleague then provided some kind of documentation	5
Explained process to some degree, offered documentation and referred to Practice Manager	4
Immediately wanted to refer shopper to Practice Manager	1
Staff had no idea how to handle enquiry	1

On 3 occasions “shoppers” were advised the Practice Manager would be happy to call or contact the complainant to discuss the issue.

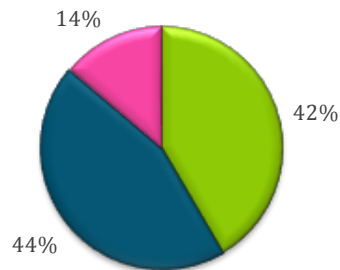
On 1 occasion the “shopper” was advised that the Practice Manager would be happy to visit the complainant at their home to discuss the issue if they were unable to attend the practice premises.

Most explanations of the complaints process were basic. E.g. “please write to or call the Practice Manager”.

- How many practices advised “shoppers” that complaints information is available on the practice web site?



- 9 practices attempted to find out more information about the potential complain/complainant. Of these, 8 were done in a respectful, helpful or friendly manner. Only 1 “shopper” felt pressurised into providing more information than they felt comfortable with.
- Did the “shopper” feel satisfied with the way their enquiry was handled?).



■ Very Satisfied ■ Somewhat Satisfied ■ Not Satisfied

B. Results of GP Practice web site review

There are 101 practices listed for Dorset (however, some practices are part of the same partnership and share a web site).

How easy was it to find Complaints Information?

- Web sites could not be found for 6 practices
- 4 sites did not mention complaints at all
- On 6 sites, complaints information was only found in links to Practice Leaflets
- On 19 sites, “Complaints” was a tab/menu on the home page
- On 61 sites information was found under the following home page headings:

Heading Title (on home page)	Number of Sites where this heading used
Policies	18
Practice Policies	16
General Information	4
How Do I...	3
Other Information	3
About the Practice	2
Practice Information	2
About Us	1
Advice	1
Comments/Suggestions	1
Ethics & Complaints	1
Further Information	1
Patient Forum Group	1
Patient Information	1
Practice	1
The Practice	1
Useful Information	1
Comments/Difficulties	1
Other Important Information	1
Information	1

On 5 sites information was found 2 clicks away from the Home page under the following headings:

Heading 1 (on home page)	Heading 2	Number of sites where these headings used
About Us	Policies	2
About xxx Practice	Your Feedback	1
Policies	Comments/Difficulties	1
Policies	Comments/Suggestions	1

One practice, covering 2 sites, had a particularly comprehensive policy available online but it was only found as a link under the Home page tab “Policies”. This site also had a Home page tab “Complaints, Comments & Suggestions” which linked to very basic information about writing to the Practice Manager. The majority of people looking at the site would probably not think about checking under “Policies” if there is a link to “Complaints, Comments & Suggestions”.

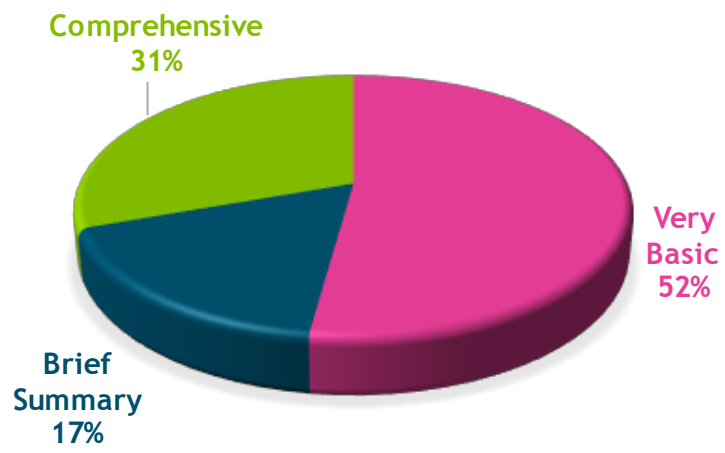
Level of Information Provided

Very Basic - for example “if you have a complaint please contact the Practice Manager or ask at reception for a leaflet/further information”.

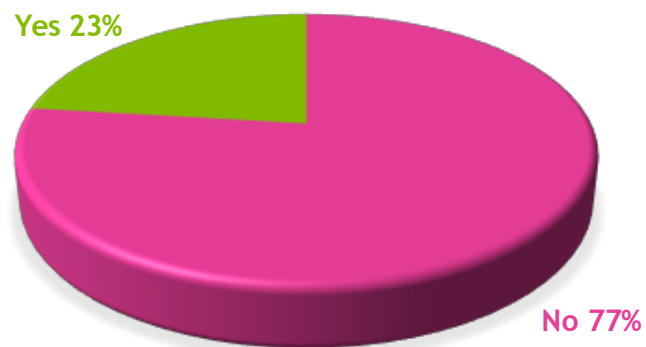
Brief Summary - for example “if you have a complaint please contact the Practice Manager” and maybe with a list of the Ombudsman’s details and their “6 Principles for Remedy” or a very basic outline of the complaints procedure in less than a couple of paragraphs.

Comprehensive - a full explanation of the procedure with contact details of the Ombudsman and other independent sources of advice or a link to a comprehensive online Complaints Leaflet. (Note - Comprehensive does not necessarily mean that all the information provided is current - a comprehensive explanation may still refer to now non-existent PALS or ICAS numbers.)

Level of information



Did site have link to complaints leaflet?



Was information provided about Independent sources of advice?

Information Provided (showing particular combinations)	Number of Sites
None	46
Ombudsman details only	19
NHS England Redditch call centre details only	8
NHS England Redditch call centre and Ombudsman details	6
NHS England Redditch call centre/Ombudsman/Dorset Advocacy details	3
NHS England Redditch call centre/Ombudsman/Dorset Advocacy/CCG details	2
NHS England Redditch call centre details and Dorset Advocacy details	2
Ombudsman and Dorset Advocacy details	1
NHS England Redditch call centre/Ombudsman/Dorset Advocacy and CQC details	1
NHS England Redditch call centre/Dorset Advocacy and Healthwatch Dorset details	1
Ombudsman/Dorset Advocacy and Healthwatch Dorset	1
CCG and NHS details	1
NHS England Redditch call centre/Ombudsman/Dorset Advocacy/CAB/Action Against Medical Accidents	1

It should be noted that Dorset Advocacy (provider of the independent NHS complaints advocacy service) details were only provided on 13 sites.

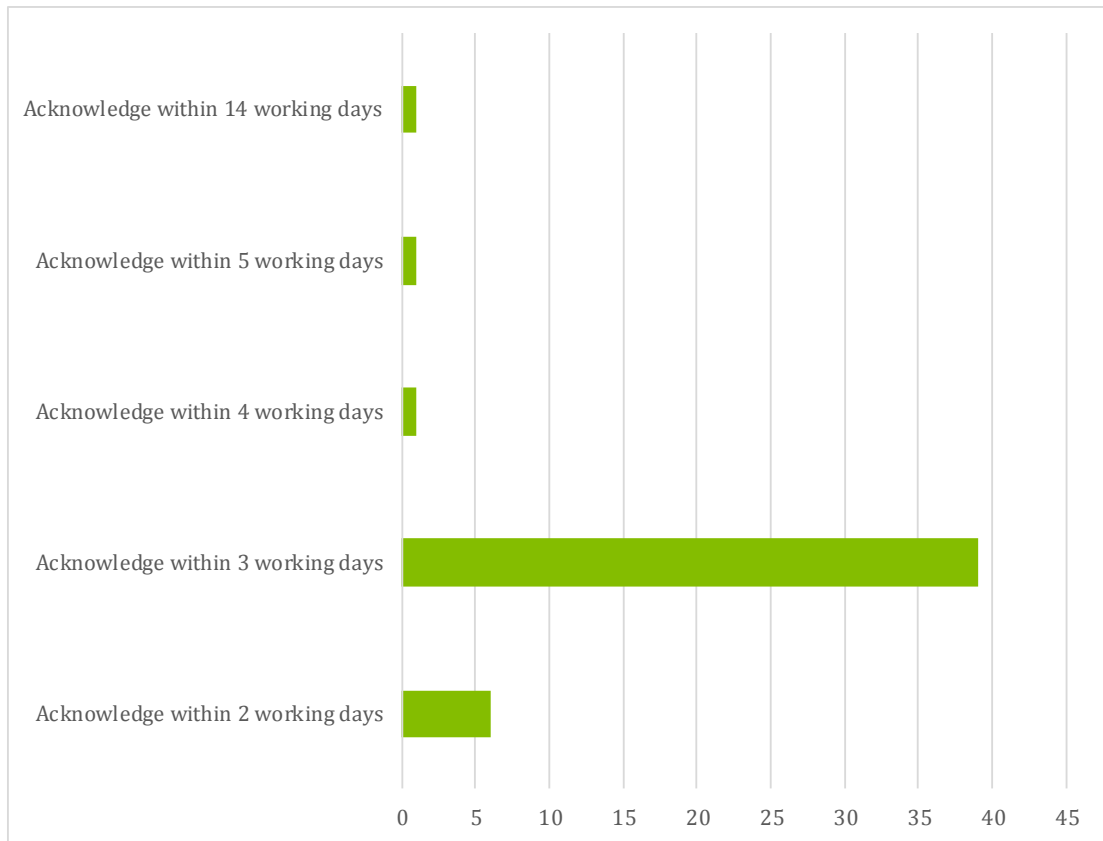
Was Information Provided Current/Up to Date?

30 sites had out of date information such as references to ICAS, PALS, PPI (Patient and Public Involvement) Forums, Strategic Health Authorities, PCT or links to non-operational web sites such as PALS.

A Note on Documentation

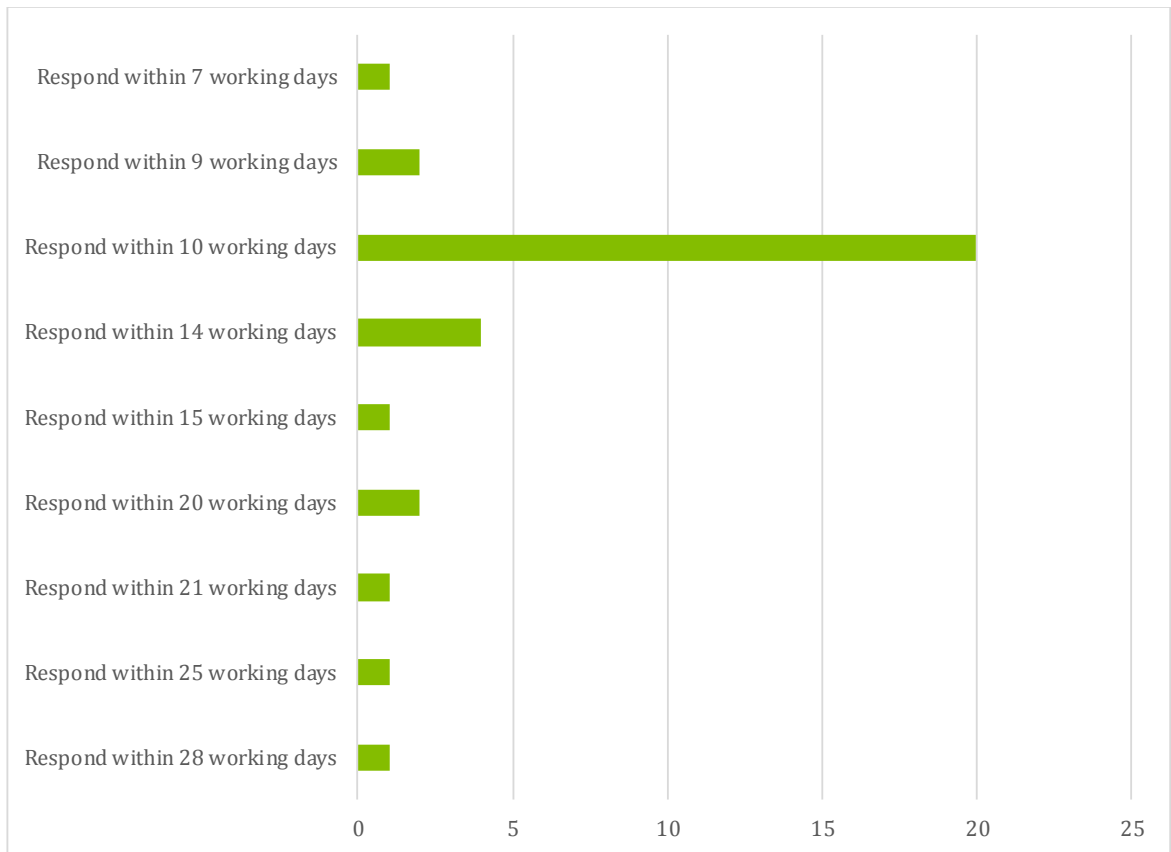
During the Mystery Shopper exercise 75 practices provided “shoppers” with some kind of documentation, whether in the form of a Complaints Leaflet, Complaints form or practice leaflet/brochure. Documents ranged from very basic to quite comprehensive. (Note: “comprehensive” does not necessarily mean factually correct or current). Although this project did not initially include a full documentation review in its scope, it seems appropriate to include some basic analysis here.

- 49 documents included reference to how long the practice should take to acknowledge receipt of a complaint:



(According to NHS England, complaints should be acknowledged within 3 working days.)

- 33 documents included reference to how long the practice takes to respond more fully to a complaint. Although there is no mandatory timescale for responding to a complaint the results below do highlight variability across practices:



Finally, it should be noted that where documentation provided more information than just “please write to the Practice Manager”, 25 of these documents included incorrect or out of date information.

5. Conclusions

- 5.1 Many practices failed to provide good quality, detailed and up to date information when faced with a person who may be considering making a complaint. Most people will want to know what is likely to happen if they do decide to make a complaint so it is at this stage of the decision-making process that the right information should be easily available, whether that be through a practice web site or through reception, via the phone or through other forms of communication.
- 5.2 The NHS Constitution and NHS England set out clear guidelines for practices to meet in regards to complaints procedures. It should be made clear that this project did not review whether complaints procedures were being followed in actual practices. However the findings show that patients/service users were not necessarily always informed of every entitlement offered by the Constitution. The majority of Mystery Shoppers were just told to “write to the Practice Manager” and even where a practice had comprehensive information available on the web site, the “shopper” was not referred to that site. It should also be noted that many practices provided “shoppers” with a leaflet but the practice’s web site did not have a link to it or information provided on leaflets and practice brochures differed to that given on web sites.
- 5.3 A number of practices did have very clear, well written and comprehensive information about their complaints procedure online and in printed leaflets. However, there is some concern that people who may not use the internet, who may have visual impairments, learning difficulties, dyslexia or other communication issues are at a distinct disadvantage if information is not available in a format that meets their needs. There is a common assumption that being told “write to the Practice Manager” suits all potential complainants.

- 5.4 Many practices had out of date information on web sites and on leaflets. There has been a vast amount of change recently within the NHS but practices have had plenty of time to update their information. People should not be given out-of-date or factually incorrect documentation. For example, all information should state that complaints should be acknowledged no later than 3 working days after the complaint is received (Interim Complaints Policy, 2013).
- 5.5 As discussed in the introduction, there are a number of reasons why people find it daunting to make a complaint. The wording on literature/web sites and the way people are dealt with at Reception can indicate a great deal about whether a practice will make complaining an easy process or not. Practices which clearly convey the message that they see receiving complaints or concerns as a great way to improve their services are much more likely to be viewed as approachable by people who have concerns.

It should be highlighted that of the 101 practices visited, only 5 did not greet the “shopper” with courtesy and where the tone of the conversation changed due to staff being informed the nature of the visit related to complaining, only 5 practices became more guarded/short/defensive or unfriendly towards the “shopper”.

6.Recommendations

- 6.1 We recommend that all practices actively encourage people who use their services to give feedback (both positive and negative), and provide clear information about how to do so.
- 6.2 We recommend that this includes information on how to raise a concern informally, as well as how to make a formal complaint.
- 6.3 We recommend that practices make readily available information about how they have responded to people's feedback and what changes have been made as a result.
- 6.4 We recommend that information should be checked regularly to ensure it is comprehensive, accurate and up-to-date and includes all necessary contact details (phone numbers as well as email addresses and web sites - or links to web sites) of all the relevant independent sources of advice. It is important that the role of these organisations is explained clearly, concisely and in plain English. Practices have a contractual obligation to ensure all complainants know they have the right to make their complaint to NHS England. Written documentation should not differ from web site information.
- 6.5 We recommend that all practices place all their complaints information on their web site on a single Complaints page, preferably with an obvious Home page link.
- 6.6 We recommend that printed complaints documentation (whether that be leaflet, pack or part of the practice brochure) should be easily available in the waiting area, in racks, on or near

noticeboards and on the reception desk/reception area and well signposted.

- 6.7 We recommend that complaints information should be made available in easy read and alternative formats.
- 6.8 We recommend that all practices should allow, and encourage, complaints to be made via a range of methods.
- 6.9 We recommend that all staff are made aware of their practice's complaint procedures, have information to hand and are actively encouraged to welcome feedback, both positive and negative.

And finally...

All local Healthwatch organisations are entrusted with a dual role: to champion the rights of users of health and social care services, and to hold the system to account for how well they engage the public. Healthwatch Dorset wants its relationship to those who commission or provide services to be that of a “critical friend”. And so we are ready and eager to work in partnership with all GP practices in Dorset, Poole and Bournemouth, NHS Dorset CCG (Clinical Commissioning Group), Dorset Advocacy, the NHS England Wessex Area Team (which commissions GP services in this area) and other interested parties to design and develop a standard complaints process and set of patient documentation/leaflets (including easy read and other formats) which can be used by all practices to ensure a consistent, current and equitable approach to the provision of accessible information.

We will repeat our investigations in six months' time, to monitor whether our recommendations have been implemented.

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Appendix

A. Resources used in undertaking this review:

Number of Volunteers involved	10
Number of miles covered	834
Total costs in Volunteer expenses	£378

B. Distribution List for Report (electronic copy). Other formats, easy read etc. available upon request. Report will be published on the www.healthwatchdorset.co.uk website

- Dorset, Poole and Bournemouth GP Practices
- Dorset Clinical Commissioning Group
- Dorset Health & Well-Being Board
- Bournemouth & Poole Health & Well-Being Board
- Dorset, Bournemouth and Poole Health Scrutiny Committees
- CQC (Care Quality Commission)
- Healthwatch England
- NHS England Wessex Area Team
- Dorset, Poole & Bournemouth NHS Foundation Trusts



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